DEPARTMENT OF HEALTH AND HUMAN SERVICES	•	FORM ADDROVED
H' ALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	03-018	NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  Effective July 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN	X AMENDMENT
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	н атенатені)
42 CFR 447.201	a. FFY 2004 (\$9,303,1"	•
A DA CONTRACTOR OF CONTRACTOR OF A TITLE CONTRACTOR OF CON	b. FFY 2005 (\$15,921,93	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable	
Attachment 4.19-D, Addendum ICF-MR, Supplement 1, Page 1	Attachment 4.19-D, Addendu Supplement 1, Page 1	m ICF-MR,
10. SUBJECT OF AMENDMENT: Payment for ICF-MR Services		
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		ECIFIED: Not Required
12/SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Carne Hooke Do		
12. TYPED NAME:	Office of the Secretary	
Carmen Hooker Odom	Department of Health and Human Services	
14. TITLE:	2001 Mail Service Center	
Secretary	Raleigh, North Carolina 27699-2001	
15. DATE SUBMITTED: 13/4/03		
POR REGIONALION		
	GWADAN LANGO	
E CONTROL DE LA CONTROL DE La control de la control d	<u>vezgorys</u> ach a lan T <mark>egrosi</mark> gs	

Attachment 4.19-D Addendum ICF-MR Supplement 1, Page 1

MEDICAL ASSISTANCE State: NORTH CAROLINA

## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Payment for ICF/MR Services:

FY 2003 - No adjustment

FY 2004 - No adjustment.

Reference- Supplement to Attachment 4.19-D: Addendum ICF-MR Page 10

TN. No. <u>03-018</u> Supersedes TN. No. <u>02-08</u> Approval Date MAR - 8 2004

Eff. Date <u>07/01/2003</u>